

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005835

STATE FILE NUMBER

AMENDED

Registration District No. 54

Primary Registration District No. 4097

Registrar's No. 24

FILED FEB 20 1962

1. PLACE OF DEATH

a. COUNTY

Cars

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Harrisonville

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission)

a. STATE

b. COUNTY

Missouri

Cars

c. CITY
OR TOWN

Harrisonville

Inside Limits

Yes ☒ No ☐c. FULL NAME OF DECEASED (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Memorial Hospital

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

208 N. Independence

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ARTHUR

R. BROWN

4. DATE OF DEATH

Month

Day

Year

Feb 5 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Jan 29 1877

9. AGE (last birthday)

85

10. IF UNDER 1 YEAR

Months Days

11. IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Restaurant Owner

10b. KIND OF BUSINESS OR INDUSTRY

Restaurant

11. BIRTHPLACE (City and state or country)

Santa Rosa, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13. FATHER'S NAME

Samuel Brown

13b. MOTHER'S MAIDEN NAME

Margaret Rhodes

14. NAME OF HUSBAND OR WIFE

Catherine Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Cleo Brown Harrisonville Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

UNKNOWN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

'DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition given in PART I (a)

Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8:50/854 to Feb 5 1962 and last saw him alive on Feb 5 1962

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

O. H. Barger MD

(Degree or title)

22b. ADDRESS

Harrisonville Mo

22c. DATE SIGNED

Feb 7 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Funerary Bureau

Harrisonville Mo

Feb 12 1962

Dr. Ray J. Seber

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ernest Pennington

Licensed Embalmer No. 3368

P. O. Address Harrisonville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.